

Dental Schedule of Benefits for 2016-2017

Annual Maximum per person \$1500 (does not apply to Orthodontia) .		
Covered Services	In-network Benefits	Out-of-network Benefits
Diagnostic and preventive care		
Preventive care; examinations, x-rays, oral hygiene & teeth cleaning	100% coverage (deductible does not apply)	50% coverage (allowed amounts and deductible does not apply)
Fluoride treatment (to age 19)	100% coverage (deductible does not apply)	50% coverage (allowed amounts and deductible does not apply)
Space maintainers	100% coverage (deductible does not apply)	50% coverage (allowed amounts and deductible does not apply)
Annual Deductible	\$50 per person \$150 per family	\$125 per person
Restorative care and prosthetics		
Fillings (customary restorative materials)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants	80% coverage after deductible	50% coverage of the allowed amount after deductible
Oral surgery (simple extractions and root canals)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Periodontics (gum disease therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Endodontics (root canal therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Inlays and overlays	80% coverage after deductible	50% coverage of the allowed amount after deductible
Restorative crowns	80% coverage after deductible	50% coverage of the allowed amount after deductible
Fixed or removable bridgework	50% coverage after deductible	50% coverage of the allowed amount after deductible
Full or partial dentures	50% coverage after deductible	50% coverage of the allowed amount after deductible
Dental relines or rebases	50% coverage after deductible	50% coverage of the allowed amount after deductible
Orthodontics - \$2400 Lifetime Maximum (does not start over if you change dental plans)	50% coverage (deductible does not apply). Coverage is limited to dependents under age 19.	50% coverage of the allowed amount (deductible does not apply). Coverage is limited to dependents under age 19.

Emergency services are covered at the same benefit level as non-emergency services.

See Certificate of Coverage for specific plan limitations